



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 39727 2. Name of Corporation LAIRES AND SON AUTO REPAIR, INC.
3. Street Address Principal Business Office City State Zip
158 WATERMAN AVENUE EAST PROVIDENCE RI 02914
4. Business Phone No. 4014340570 5. State of Incorporation RHODE ISLAND 6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island
ENGAGE IN THE BUSINESS OF CONDUCTING AUTOMOTIVE REPAIRS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name ANTONIO A. LAIRES Street Address 158 WATERMAN AVENUE City State Zip EAST PROVIDENCE RI 02914	Vice President Name JOSEPH P. LAIRES Street Address 158 WATERMAN AVENUE City State Zip EAST PROVIDENCE RI 02914
Secretary Name JOSEPH P. LAIRES Street Address 158 WATERMAN AVENUE City State Zip EAST PROVIDENCE RI 02914	Treasurer Name ANTONIO A. LAIRES Street Address 158 WATERMAN AVENUE City State Zip EAST PROVIDENCE RI 02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name ANTONIO A. LAIRES Street Address 158 WATERMAN AVENUE City State Zip EAST PROVIDENCE RI 02914	Director Name JOSEPH P. LAIRES Street Address 158 WATERMAN AVENUE City State Zip EAST PROVIDENCE RI 02914
Director Name NONE Street Address City State Zip	Director Name NONE Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
800	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



3 9 7 2 7

File Date	2/28/05
Check No.	13067
By	W.
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer	Date
JOSE P. LAIRES	2/11/05
Print or Type Name of Officer	
JOSE P. LAIRES	
Title of Officer	
V.P.	



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 39727		2. Name of Corporation Laires and Son Auto Repair, Inc.			
3. Street Address Principal Business Office 158 WATERMAN AVENUE		City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. 4014340570		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCTING AUTOMOTIVE REPAIRS					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTONIO A. LAIRES			Vice President Name JOSEPH P. LAIRES		
Street Address 158 WATERMAN AVENUE			Street Address 158 WATERMAN AVENUE		
City EAST PROVIDENCE	State R.I.	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
Secretary Name JOSEPH P. LAIRES			Treasurer Name ANTONIO A. LAIRES		
Street Address 158 WATERMAN AVENUE			Street Address 158 WATERMAN AVENUE		
City EAST PROVIDENCE	State R.I.	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANTONIO A. LAIRES			Director Name JOSEPH P. LAIRES		
Street Address 158 WATERMAN AVENUE			Street Address 158 WATERMAN AVENUE		
City EAST PROVIDENCE	State R.I.	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			800	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



3 9 7 2 7

39727 DBC 01/06/04 10:31:05 AM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

By: _____

20413

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Joe Laires Date: 1-19-04

Print or Type Name of Officer: JOE LAIRES

Title of Officer: V.P.

INSTRUCTIONS FOR FILING

Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in items 2 and 4 of the preceding form currently appears in the corporate records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.

2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address only will not be accepted for filing.
3. The statement must be signed on behalf of the corporation by its president or a vice president.
4. The change of address of the registered office or the appointment of a new registered agent, or both, as the case may be, shall become effective upon the date of filing with the Secretary of State.
5. The fee for filing the Statement of Change of Registered Agent by the Corporation is \$10.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below instead of the preceding form, and submitting same for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the statement to verify that the information required in item 2 below currently appears in the corporate records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee

ID Number: 39727

STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

Pursuant to the provisions of Sections 7-6-13(d) or 7-6-78(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is LAIRES AND SON AUTO REPAIR, INC.
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
1481 WAMPANOAG TRAIL, EAST PROVIDENCE, R.I. 02915
3. The address of the NEW registered office is:
349 WARREN AVENUE, EAST PROVIDENCE, R.I. 02914
4. A copy of this Statement has been mailed to the corporation.

Date: JANUARY 29, 2004

PAUL G. BETTENCOURT

Print Name of Registered Agent

Signature of Registered Agent

FILED

FEB 18 2004

By GAD



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-304



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **39727** 2. Name of Corporation **Laires and Son Auto Repair, Inc.**
3. Street Address Principal Business Office **158 Waterman Avenue** City **East Providence** State **RI** Zip **02914**
4. Business Phone No. **434-0570** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
Engage in the business of conducting automotive repairs

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Antonio A. Laires	Vice President Name Joseph P. Laires
Street Address 158 Waterman Avenue	Street Address 158 Waterman Avenue
City East Providence State RI Zip 02914	City East Providence State RI Zip 02914
Secretary Name Joseph P. Laires	Treasurer Name Antonio A. Laires
Street Address 158 Waterman Avenue	Street Address 158 Waterman Avenue
City East Providence State RI Zip 02914	City East Providence State RI Zip 02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Joseph P. Laires	Director Name Antonio A. Laires
Street Address 158 Waterman Avenue	Street Address 158 Waterman Avenue
City East Providence State RI Zip 02914	City East Providence State RI Zip 02914
Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
800	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 3 9 7 2 7 *

File Date: 4-11-03

Check No.: 11598

By: 1CP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Antonio Laires 3-1-03
Signature of Officer Date

Antonio A. Laires, President

Print or Type Name of Officer

ANTONIO LAIRES



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No

39727

2. Name of Corporation

Laires and Son Auto Repair, Inc.

3. Street Address Principal Business Office

158 Waterman Avenue

City

East Providence

State

RI

Zip

02914

4. Business Phone No

434-0570

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8953

7. Brief Description of the Character of Business Conducted in Rhode Island

Engage in the business of conducting automotive repairs

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Antonio A. Laires

Vice President Name

Joseph P. Laires

Street Address

158 Waterman Avenue

Street Address

158 Waterman Avenue

City

State

Zip

East Providence

RI

02914

City

State

Zip

East Providence

RI

02914

Secretary Name

Joseph P. Laires

Treasurer Name

Antonio A. Laires

Street Address

158 Waterman Avenue

Street Address

158 Waterman Avenue

City

State

Zip

East Providence

RI

02914

City

State

Zip

East Providence

RI

02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Joseph P. Laires

Director Name

Antonio A. Laires

Street Address

158 Waterman Avenue

Street Address

158 Waterman Avenue

City

State

Zip

East Providence

RI

02914

City

State

Zip

East Providence

RI

02914

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

800

Common

No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 7 2 7 *

File Date: 2-25-02

Check No. 9789

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

[Signature] 2-21-02

Antonio A. Laires, President

ANTONIO A. LAIRES



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-13
401-222-30



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39727** 2. Name of Corporation **Laires and Son Auto Repair, Inc.**
3. Street Address Principal Business Office City State Zip
158 Waterman Avenue East Providence RI 02914
4. Business Phone No. 5. State of Incorporation 6. SIC Code
434-0570 RHODE ISLAND 8953

7. Brief Description of the Character of Business Conducted in Rhode Island
Engage in the business of conducting automotive repairs

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Antonio A. Laires Street Address 158 Waterman Avenue City State Zip East Providence RI 02914	Vice President Name Joseph P. Laires Street Address 158 Waterman Avenue City State Zip East Providence RI 02914
Secretary Name Joseph P. Laires Street Address 158 Waterman Avenue City State Zip East Providence RI 02915	Treasurer Name Antonio A. Laires Street Address 158 Waterman Avenue City State Zip East Providence RI 02915

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name * Joseph P. Laires Street Address 158 Waterman Avenue City State Zip East Providence RI 02915	Director Name Antonio A. Laires Street Address 158 Waterman Avenue City State Zip East Providence RI 02915
Director Name None Street Address City State Zip	Director Name None Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000 NO PAR VAL COM		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
800	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 7 2 7 *

4-6-01

File Date: _____

Check No.: **9052**

By: **[Signature]**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Antonio A. Laires 1-15-01
Signature of Officer Date

Antonio A. Laires, President
Print or Type Name of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13
401-222-30



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

39727

Laires and Son Auto Repair, Inc.

3. Street Address Principal Business Office

158 WATERMAN AVENUE

City

State

Zip

EAST PROVIDENCE

R.I.

02914

4. Business Phone No.

5. State of Incorporation

(401) 434-0570

RHODE ISLAND

6. SIC Code

8953

7. Brief Description of the Character of Business Conducted in Rhode Island

ENGAGE IN THE BUSINESS OF CONDUCTING AUTOMOTIVE REPAIRS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

ANTONIO A. LAIRES

JOSEPH P. LAIRES

Street Address

Street Address

158 WATERMAN AVENUE

158 WATERMAN AVENUE

City

State

Zip

City

State

Zip

EAST PROVIDENCE

R.I.

02914

EAST PROVIDENCE

R.I.

02914

Secretary Name

Treasurer Name

JOSEPH P. LAIRES

ANTONIO A. LAIRES

Street Address

Street Address

158 WATERMAN AVENUE

158 WATERMAN AVENUE

City

State

Zip

City

State

Zip

EAST PROVIDENCE

R.I.

02914

EAST PROVIDENCE

R.I.

02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

JOSEPH P. LAIRES

ANTONIO A. LAIRES

Street Address

Street Address

158 WATERMAN AVENUE

158 WATERMAN AVENUE

City

State

Zip

City

State

Zip

EAST PROVIDENCE

R.I.

02914

EAST PROVIDENCE

R.I.

02914

Director Name

Director Name

NONE

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR VAL COM

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

800

COMMON

NO PAR VALU

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 7 2 7 *

518100

File Date: 8/24/9

Check No.: 2

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Antonio Laires 2-28-00
Signature of Officer Date

ANTONIO A. LAIRES

Print or Type Name of Officer

PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13,
401-222-3011



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation	
39727		Laires and Son Auto Repair, Inc.	
3. Street Address Principal Business Office		City	State
158 WATERMAN AVENUE		EAST PROVIDENCE	RI
4. Business Phone No.		5. State of Incorporation	6. SIC Code
401-434-0570		RHODE ISLAND	8953
7. Brief Description of the Character of Business Conducted in Rhode Island			
ENGAGE IN THE BUSINESS OF CONDUCTING AUTOMOTIVE REPAIRS			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name		Vice President Name	
ANTONIO A. LAIRES		JOSEPH P. LAIRES	
Street Address		Street Address	
158 WATERMAN AVENUE		158 WATERMAN AVENUE	
City	State	City	State
EAST PROVIDENCE	RI	EAST PROVIDENCE	RI
Zip	02914	Zip	02914
Secretary Name		Treasurer Name	
JOSEPH P. LAIRES		ANTONIO A. LAIRES	
Street Address		Street Address	
158 WATERMAN AVENUE		158 WATERMAN AVENUE	
City	State	City	State
EAST PROVIDENCE	RI	EAST PROVIDENCE	RI
Zip	02914	Zip	02914
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
JOSEPH P. LAIRES		ANTONIO A. LAIRES	
Street Address		Street Address	
158 WATERMAN AVENUE		158 WATERMAN AVENUE	
City	State	City	State
EAST PROVIDENCE	RI	EAST PROVIDENCE	RI
Zip	02914	Zip	02914
Director Name		Director Name	
NONE		NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1000	NO PAR VAL COM		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
800	COMMON	NO PAR VALUE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 7 2 7 *

File Date: Feb 3, 99

Check No.: 7321

By: JD. / JV

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Antonio Laires 1/25/99
Signature of Officer Date

ANTONIO A. LAIRES
Print or Type Name of Officer

PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-13
401-277-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

39727

2. Name of Corporation

Lalres and Son Auto Repair, Inc.

3. Street Address Principal Business Office

158 WATERMAN AVENUE

City

EAST PROVIDENCE

State

RI

Zip

02914

4. Business Phone No.

(401) 434-0570

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8953

7. Brief Description of the Character of Business Conducted in Rhode Island

ENGAGE IN THE BUSINESS OF CONDUCTING AUTOMOTIVE REPAIRS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

ANTONIO A. LAIRES

Vice President Name

JOSEPH P. LAIRES

Street Address

158 WATERMAN AVENUE

Street Address

158 WATERMAN AVENUE

City State Zip

EAST PROVIDENCE RI 02914

City State Zip

EAST PROVIDENCE RI 02914

Secretary Name

JOSEPH P. LAIRES

Treasurer Name

ANTONIO A. LAIRES

Street Address

158 WATERMAN AVENUE

Street Address

158 WATERMAN AVENUE

City State Zip

EAST PROVIDENCE RI 02914

City State Zip

EAST PROVIDENCE RI 02914

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

JOSEPH P. LAIRES

Director Name

ANTONIO A. LAIRES

Street Address

158 WATERMAN AVENUE

Street Address

158 WATERMAN AVENUE

City State Zip

EAST PROVIDENCE RI 02914

City State Zip

EAST PROVIDENCE RI 02914

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR VAL COM

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

800

COMMON

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust



File Date: **2-11-98**

Check No: **6477**

By: **[Signature]**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Antonio A. Laire
Signature of Officer Date

ANTONIO A. LAIRES
Print or Type Name of Officer

PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

39727

2. Name of Corporation

Laires and Son Auto Repair, Inc.

3. Street Address Principal Business Office

158 WATERMAN AVENUE

City

EAST PROVIDENCE

State

R.I.

Zip

02914

4. Business Phone No.

(401) 434-0570

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8953

7. Brief Description of the Character of Business Conducted in Rhode Island

ENGAGE IN THE BUSINESS OF CONDUCTING AUTOMOTIVE REPAIRS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

ANTONIO A. LAIRES

Street Address

158 WATERMAN AVENUE

City

EAST PROVIDENCE

State

R.I.

Zip

02914

Secretary Name

JOSEPH P. LAIRES

Street Address

158 WATERMAN AVENUE

City

EAST PROVIDENCE

State

R.I.

Zip

02914

Vice President Name

JOSEPH P. LAIRES

Street Address

158 WATERMAN AVENUE

City

EAST PROVIDENCE

State

R.I.

Zip

02914

Treasurer Name

ANTONIO A. LAIRES

Street Address

158 WATERMAN AVENUE

City

EAST PROVIDENCE

State

R.I.

Zip

02914

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

JOSEPH P. LAIRES

Street Address

158 WATERMAN AVENUE

City

EAST PROVIDENCE

State

R.I.

Zip

02914

Director Name

NONE

Street Address

City

State

Zip

Director Name

ANTONIO A. LAIRES

Street Address

158 WATERMAN AVENUE

City

EAST PROVIDENCE

State

R.I.

Zip

02914

Director Name

NONE

Street Address

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR VAL COM

ISSUED SHARES

Number of Shares

Class/Series

Par Value

800

COMMON

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 9 7 2 7 *

File Date: 2-5-97

Check No.: 5058

By: 100 / 191

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

ANTONIO A. LAIRES

1-31-97

Print or Type Name of Officer

PRESIDENT

Antonio A. Laires

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3046

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 39727		2. NAME OF CORPORATION Laires and Son Auto Repair, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 158 WATERMAN AVENUE		CITY EAST PROVIDENCE	STATE R.I.	ZIP CODE 02914	
4. BUSINESS PHONE NO. (401) 434-0570		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 8953	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND ENGAGE IN THE BUSINESS OF CONDUCTING AUTOMOTIVE REPAIRS					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME ANTONIO A. LAIRES		VICE PRESIDENT NAME JOSEPH P. LAIRES			
STREET ADDRESS 158 WATERMAN AVENUE		STREET ADDRESS 158 WATERMAN AVENUE			
CITY EAST PROVIDENCE	STATE R.I.	ZIP CODE 02914	CITY EAST PROVIDENCE	STATE R.I.	ZIP CODE 02914
SECRETARY NAME JOSEPH P. LAIRES		TREASURER NAME ANTONIO A. LAIRES			
STREET ADDRESS 158 WATERMAN AVENUE		STREET ADDRESS 158 WATERMAN AVENUE			
CITY EAST PROVIDENCE	STATE R.I.	ZIP CODE 02914	CITY EAST PROVIDENCE	STATE R.I.	ZIP CODE 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME JOSEPH P. LAIRES		DIRECTOR NAME ANTONIO A. LAIRES			
STREET ADDRESS 158 WATERMAN AVENUE		STREET ADDRESS 158 WATERMAN AVENUE			
CITY EAST PROVIDENCE	STATE R.I.	ZIP CODE 02914	CITY EAST PROVIDENCE	STATE R.I.	ZIP CODE 02914
DIRECTOR NAME NONE		DIRECTOR NAME NONE			
STREET ADDRESS NONE		STREET ADDRESS NONE			
CITY NONE	STATE NONE	ZIP CODE NONE	CITY NONE	STATE NONE	ZIP CODE NONE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	NO PAR VAL COM		800	COMMON	NO PAR VALUE

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Antonio A. Laires
Signature of Officer

ANTONIO A. LAIRES
Print or Type Name of Officer

DECEDENT

File Date:

2/23/96

Check No:

3916

By:

@ / LP

2/23/96

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
(401) 277-3040

ANNUAL REPORT

Please Type or Print
File Annually - Jan 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0039727

Annual Report for the year: 1995

Name of Corporation: Lares and Son Auto Repair, Inc.

Business entity organized under the laws of the State of: RHODE ISLAND
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corp. (See RIGL Chapter 7-5.1)

Phone:
Address and telephone of the principal office of business
entity in Rhode Island (Provide street address - Not P.O. Box):

Brief statement of the character of business conducted in Rhode Island:

ENGAGE IN THE BUSINESS OF CONDUCTING AUTOMOTIVE
REPAIRS

158 WATERMAN AVENUE

EAST PROVIDENCE, RI 02914

(401) 434-0570

Phone:

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
ANTONIO A. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI		02914

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH P. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI		02914

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH P. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI		02914

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
ANTONIO A. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI		02914

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH P. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI		02914

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
ANTONIO A. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI		02914

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NUMBER OF SHARES AUTHORIZED	NUMBER OF SHARES ISSUED AND OUTSTANDING
-----------------------------	---

Number of Shares	Class/Series	Number of Shares	Class/Series
1000	COMMON	800	COMMON

Date: 5/13, 1995 MAR 14 1995

By: CL 3615

By:

Antonio Lares
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF THE SECRETARY OF STATE
100 North Main Street, Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID: 0039727Annual Report for the year: 1994

Laires and Son Auto Repair, Inc.

Name of Business Entity: _____

Business entity organized under the laws of the State of RHODE ISLAND
Federal Taxpayer Identification Number _____

For foreign entity, address and telephone number of principal office:

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corp. (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

PAUL O. BETTENCOURT, ESQUIRE

1481 WAMPANOAG TRAIL

EAST PROVIDENCE, RI 02915

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

158 WATERMAN AVENUE

EAST PROVIDENCE, RI 02914

Phone (401) 434-0570

Brief statement of the character of business conducted in Rhode Island.

ENGAGE IN THE BUSINESS OF CONDUCTING

AUTOMOTIVE REPAIRS

Date of Organization: AUGUST 15, 1986

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
ANTONIO A. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI	02914	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
JOSEPH P. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI	02914	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
JOSEPH P. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI	02914	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
ANTONIO A. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI	02914	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
ANTONIO A. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI	02914	
JOSEPH P. LAIRES	158 WATERMAN AVENUE, EAST PROVIDENCE, RI	02914	

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	1000	NUMBER	800
CLASS	COMMON	CLASS	COMMON
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	NO PAR VALUE	PAR VALUE OR WITHOUT PAR	NO PAR VALUE

Date: _____, 1994

By: JOSEPH P. LAIRES

PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT J. P.
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or resident agent, Form 9 or Form LLC-3 must be filed.

FEB 16 1995

2856

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0039727

Annual Report for the year 1993

FIRST: The name of the corporation is LAIRES AND SON AUTO REPAIR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of conducting automotive repairs.

FOURTH: If foreign, corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 158 Waterman Avenue, East Providence, Rhode Island 02914

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>ANTONIO A. LAIRES</u>	Director	<u>158 Waterman Ave., E. Providence, RI</u>
<u>JOSEPH P. LAIRES</u>	Director	<u>158 Waterman Ave., E. Providence, RI</u>
	Director	
<u>ANTONIO A. LAIRES</u>	President	<u>158 Waterman Ave., E. Providence, RI</u>
<u>JOSEPH P. LAIRES</u>	Vice-President	<u>158 Waterman Ave., E. Providence, RI</u>
<u>JOSEPH P. LAIRES</u>	Secretary	<u>158 Waterman Ave., E. Providence, RI</u>
<u>ANTONIO A. LAIRES</u>	Treasurer	<u>158 Waterman Ave., E. Providence, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value of statement that shares are without par value
1000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value of statement that shares are without par value
800	Common		No Par

Dated: 2-8, 1993

LAIRES AND SON AUTO REPAIR, INC.
(Name of Corporation)

By: Antonio Laire

Title: President

Rec'd & Filed FEB 11 1993

Filing Fee-\$50.00

1757 96

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39727 Annual Report for the year 1992

FIRST: The name of the corporation is LAIRES AND SON AUTO REPAIR, INC.

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THIRD: Character of business, briefly stated, is to engage in the business of conducting
automotive repairs

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 158 Waterman Ave., East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANTONIO A. LAIRES	Director	158 Waterman Ave., East Providence, RI 02914
JOSEPH P. LAIRES	Director	158 Waterman Ave., East Providence, RI 02914
	Director	
ANTONIO A. LAIRES	President	158 Waterman Ave., East Providence, RI 02914
JOSEPH P. LAIRES	Vice President	158 Waterman Ave., East Providence, RI 02914
JOSEPH P. LAIRES	Secretary	158 Waterman Ave., East Providence, RI 02914
ANTONIO A. LAIRES	Treasurer	158 Waterman Ave., East Providence, RI 02914

SEVENTH: Number of Shares authorized:

No of Shares	Class
1000	

Series

PAID

APR 29 1992

Par Value
or statement that
shares are without
par value

No Par

EIGHTH: Number of Shares issued:

No of Shares	Class
800	

SECY OF STATE

Series

Par Value
or statement that
shares are without
par value

No Par Value

Dated 4-27-1992

LAIRES AND SON AUTO REPAIR, INC.
(Name of Corporation)

By Antonio A. Laire

President

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39727 HC Annual Report for the year 1991
LAIRES AND SON AUTO REPAIR, INC.

FIRST: The name of the corporation is

Rhode Island

SECOND: It is incorporated under the laws of

THIRD: Character of business, briefly stated, is
to engage in the business of conducting
automotive repairs

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island
158 Waterman Avenue, East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Antonio A. Laires	Director	158 Waterman Avenue, East Providence, RI
Joseph P. Laires	Director	158 Waterman Avenue, East Providence, RI
Antonio A. Laires	Director	158 Waterman Avenue, East Providence, RI
Joseph P. Laires	President	158 Waterman Avenue, East Providence, RI
Joseph P. Laires	Vice President	158 Waterman Avenue, East Providence, RI
Antonio A. Laires	Secretary	158 Waterman Avenue, East Providence, RI
Antonio A. Laires	Treasurer	158 Waterman Avenue, East Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	

Par Value
or statement that
shares are without
par value
No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class
800	

Par Value
or statement that
shares are without
par value
No Par

PAID
FEB 12 1991
SEC'Y OF STATE

Dated 2-6 19 91

LAIRES AND SON AUTO REPAIR, INC.

(Name of Corporation)

By

Title President Antonio A. Laires

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39727 Annual Report for the year 1990 DT

LAIRES AND SON AUTO REPAIR, INC.

FIRST: The name of the corporation is

Rhode Island

SECOND: It is incorporated under the laws of

to engage in the business of conducting

THIRD: Character of business, briefly stated, is
automotive repairs

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 158 Waterman Avenue, East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Antonio A. Laire	Director	158 Waterman Avenue, East Providence, RI
Joseph P. Laire	Director	158 Waterman Avenue, East Providence, RI
Antonio A. Laire	Director	158 Waterman Avenue, East Providence, RI
Joseph P. Laire	President	158 Waterman Avenue, East Providence, RI
Joseph P. Laire	Vice President	158 Waterman Avenue, East Providence, RI
Joseph P. Laire	Secretary	158 Waterman Avenue, East Providence, RI
Antonio A. Laire	Treasurer	158 Waterman Avenue, East Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000			No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
800			No Par

Dated 19 90

LAIRES AND SON AUTO REPAIR, INC.

(Name of Corporation)

By

Title

President Antonio A. Laire

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

1989

Corporate ID 39727

Annual Report for the year

LAIRES AND SON AUTO REPAIR, INC.

FIRST: The name of the corporation is

Rhode Island

SECOND: It is incorporated under the laws of

to engage in the business of conducting

THIRD: Character of business, briefly stated, is
automotive repairs

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 158 Waterman Avenue, East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Antonio A. Laire	Director	158 Waterman Avenue, East Providence, RI
Joseph P. Laire	Director	158 Waterman Avenue, East Providence, RI
Antonio A. Laire	Director	158 Waterman Avenue, East Providence, RI
Joseph P. Laire	President	158 Waterman Avenue, East Providence, RI
Joseph P. Laire	Vice President	158 Waterman Avenue, East Providence, RI
Antonio A. Laire	Secretary	158 Waterman Avenue, East Providence, RI
Antonio A. Laire	Treasurer	158 Waterman Avenue, East Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares
1000

Class

Series

Per Value
or statement that
shares are without
par value

No Par

EIGHTH: Number of Shares issued:

No. of Shares
800

Class

Series

Per Value
or statement that
shares are without
par value

No Par

Dated 4-15 19 89

LAIRES AND SON AUTO REPAIR, INC.

(Name of Corporation)

By Antonio A. Laire

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39727 Annual Report for the year 1988

FIRST: The name of the corporation is LAIRES AND SON AUTO REPAIR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of conducting automotive repairs

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 158 Waterman Avenue, East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Antonio A. Laires	Director	158 Waterman Avenue, East Providence, RI
Joseph P. Laires	Director	158 Waterman Avenue, East Providence, RI
	Director	
Antonio A. Laires	President	158 Waterman Avenue, East Providence, RI
Joseph P. Laires	Vice President	158 Waterman Avenue, East Providence, RI
Joseph P. Laires	Secretary	158 Waterman Avenue, East Providence, RI
Antonio A. Laires	Treasurer	158 Waterman Avenue, East Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
1000		

Par Value
or statement that
shares are without
par value

No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
800		

Par Value
or statement that
shares are without
par value

No Par

Dated 3-4- 19 88

LAIRES AND SON AUTO REPAIR, INC.
(Name of Corporation)

By _____

(Signature must be signed by an officer)

Title President Antonio Laires

Filing Fee, \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39727 Annual Report for the year 1987

FIRST: The name of the corporation is LAIRES AND SON AUTO REPAIR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of conducting automotive repairs

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 158 Waterman Avenue, East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Antonio A. Laire Director 158 Waterman Avenue, East Providence, RI

Joseph P. Laire Director 158 Waterman Avenue, East Providence, RI

Director

Antonio A. Laire President 158 Waterman Avenue, East Providence, RI

Joseph P. Laire Vice President 158 Waterman Avenue, East Providence, RI

Joseph P. Laire Secretary 158 Waterman Avenue, East Providence, RI

Antonio A. Laire Treasurer 158 Waterman Avenue, East Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares

Class

PAID

Series

1000

Par Value
or statement that
shares are without
par value

No Par

MAY 13 1987

EIGHTH: Number of Shares issued: **SEC'Y. OF STATE**

No. of Shares

Class

Series

800

Par Value
or statement that
shares are without
par value

No Par

JUN 24 1987

Dated April 28, 19 87

LAIRES AND SON AUTO REPAIR, INC.

(Name of Corporation)

By Antonio Laire

President